

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class E Household Goods  
from Modern Day Movers, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 162 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Elizabeth HyattTelephone: 803-286-4646Address: 105 W. Dunlap StreetFax: 866-412-4835PO BOX 2252

Other: \_\_\_\_\_

Lancaster, SC 29721Email: elizabeth@hyattlawsc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

**HOUSEHOLD GOODS/HAZARDOUS MATERIAL APPLICATION PROCESS**

Page 1 of 2

Submitting an application for a Class E Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) [www.psc.sc.gov](http://www.psc.sc.gov)

Contact the Clerk's Office at 803-896-5100 with questions regarding the completion of the Transportation Cover Sheet or Application.

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) [www.regulatorystaff.sc.gov](http://www.regulatorystaff.sc.gov)

Contact the Transportation Department at 803-737-0800 with questions regarding the certification process.

ORS Website

**Step 1: Complete and Submit the Application.****\*\*Please ensure your name/name of business is consistent throughout the Application\*\***

- A. Complete all sections of the Transportation Cover Sheet and Application.
- B. Provide all signatures as required.
- C. Application must be notarized in appropriate areas.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the SC Secretary of State and a copy of the Articles of Incorporation.
- E. Mail or FAX completed Transportation Cover Sheet, Application, and attachments to:
 

<b>Public Service Commission</b> <b>Clerk's Office</b> <b>101 Executive Center Drive, Suite 100</b> <b>Columbia, SC 29210</b> <b>Fax: 803-896-5199</b>	and	<b>Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, SC 29201</b> <b>Fax: 803-737-0815</b>
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**Step 2: Application is assigned a Docket Number**

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at <https://dms.psc.sc.gov/web>. [Link to DMS](#)
- B. A confirmation letter from the Commission will explain attorney requirements.

**Step 3: Notice of Filing**

- A. Applicant will receive a cover letter and a Notice of Filing document to be published in newspaper(s) that cover the area to be served.
- B. The Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
- C. Applicant **MUST** provide the Commission with the Original Publisher's Affidavits by the date specified in the cover letter.

**Step 4: Attorney Information**

Applicant must be represented by an attorney if applicant is incorporated or an LLC.

**Step 5: Notice of Hearing**

A Notice of Hearing document including the date, time, and place of hearing will be mailed to all parties of record.

**Step 6: Hearing and Witness Requirements (R. 103-133)\* [See explanation below.]**

- A. Applicant or Attorney **MUST** advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.
- B. All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.
- C. If statewide authority (or authority for more than three contiguous counties) is sought, Applicant must prove that the Public Convenience and Necessity is not already being served in the territory by existing authorized service.
  - 1. The Public Convenience and Necessity criterion **MUST** be shown by the use of shipper witness. (A hearing **WILL NOT** be held without Shipper Witnesses.)

(Continued on next page.)

**HOUSEHOLD GOODS/HAZARDOUS MATERIAL APPLICATION PROCESS**

Page 2 of 2

2. Shipper Witness testimony should, at a minimum, support the area to be served.
- C. Regarding Shipper Witnesses - S.C. Code Ann. §58-23-590 provides in part that the Office of Regulatory Staff must issue a common carrier certificate or contract carrier permit of public convenience and necessity, if the applicant proves to the Commission that:
  1. It is fit, willing, and able to properly perform the proposed service and comply with the provisions of this chapter and the Commission's regulations; and
  2. The proposed service, to the extent to be authorized by the certificate or permit, is required by the present public convenience and necessity.

**Step 7: Commission Action**

The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the Commission on a case by case basis.

Docket is put on the Commission Agenda for action.

1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
2. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
3. After 90 days, requests for extension of time to comply must be requested in writing.

**Step 8: Issuance of Certificate**

- A. After filing of insurance, rates, and safety information, the Certificate of Public Convenience and Necessity is issued.
- B. **Operation without the Certificate of Public Convenience and Necessity is prohibited.**

\* Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able."

10 S.C. Code Regs. 103-133(1) also provides in relevant part that "[t]he public convenience and necessity criterion must be shown by the use of shipper witnesses, if the applicant applies for authority for more than three contiguous counties." The term "shipper witness" is not defined in the regulation, but the term "shipper witness" refers to a witness who can support the testimony of the applicant regarding the need for additional services in an area. Under S.C. Code Ann. §58-23-590, the applicant must prove that the "proposed service ... is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are to present supporting testimony that the services are in fact needed.

Generally, a shipper witness includes, but is not limited to, a person who books, attempts to book, or controls the shipment of goods. In the context of providing supporting testimony regarding the present state of public convenience and necessity, a shipper witness is someone who, through first hand knowledge, is familiar with the availability, or unavailability, of moving services in an area. First hand knowledge should come from either requiring moving services personally or from booking moving services for a company or business, such as a relocation officer for a company. To properly address the public convenience and necessity criterion, a shipper witness should be able to present testimony concerning efforts to obtain moving services and the relative ease or difficulty in obtaining moving services from existing carriers in an area or areas proposed to be served by the applicant. While a shipper witness may have used the services of the applicant and may testify to satisfaction with the applicant's services, testimony regarding the applicant's service and satisfaction with those services goes more to the "fitness" of the applicant rather than to the issue of public convenience and necessity.

Further, testimony of the shipper witness(es) must address the "present public convenience and necessity." (Emphasis added.) In other words, testimony should relate to recent events or incidents and should not focus on events that are distant or remote in time.

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Amended Application for a Class E Household  
Goods from Modern Day Movers, LLC**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2020 - 162 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** John H. Matthews/Modern Day Movers

**Telephone:** 803-351-8484

**Address:** 6878 Shiloh Unity Rd.

**Fax:** \_\_\_\_\_

Lancaster, SC 29720

**Other:** \_\_\_\_\_

803-804-5504

**Email:** morderndaymoversLLC@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
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| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 10/05/2020

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1.

Modern Day Movers, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

6882 Shiloh Unity Rd. Lancaster, SC 29720

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-351-8484

Phone

FAX

moderndaymoversLLC@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)



## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☒ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Amie L. Matthews 6878 Shiloh Unity Rd. Lancaster, SC 29720

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John. H Matthews 6878 Shiloh Unity Rd. Lancaster, SC 29720

---

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

---

## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

---

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	17,000	Loans Owed on Motor Vehicles	0
Cash on Hand	800	Business/Other Loans Owed	0
Cash in Bank	21,900	Other Liabilities or Debts	0
Value of Other Assets and Equipment	2,500	<b>Total Liabilities</b>	0
<b>Total Assets</b>	42,200		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

See Attached.

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Freightliner	2008 M2	1FVACWDT88H252183	13,000

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Modern Day Movers, LLC

Name of Applicant

6882 Shiloh Unity Rd. Lancaster. SC 29720

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance    \$    636

Limits    750,000

Cargo Insurance        \$    1209

Limits    2,500

\* Attach Certificate of Insurance if available.

Progressive Northern Insurance Company

Name of Insurance Company

6300 Wilson Mills Rd. Mayfield Village, OH 44143

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Modern Day Movers, LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes                      ☒ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes                      ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes                      ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

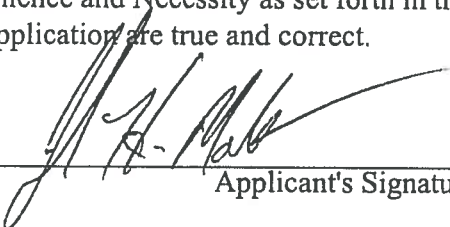
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.


The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lancaster )

SWORN TO BEFORE ME  
This 12 day of October, 2020

  
Notary Public

Commission Expires July 2, 2029

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

John H. Matthews/ Modern Day Movers, LLC

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, John H. Matthews, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 12 day of October, 2020

Stephen C. Bell  
Notary Public

Commission Expires July 2, 2025

[Signature]  
Applicant's Signature

Print Application



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

MODERN DAY MOVERS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 20th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C.Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
4th day of November, 2016.

  
Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

OCT 20 2016

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Modern Day Movers, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

6882 Shiloh Unity Rd.

Street Address

Lancaster, 29720

City

Zip Code

3. The initial agent for service of process is

United States Corporation Agents, Inc.

Name

*Chris*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

Form Revised by South Carolina  
Secretary of State, July 2012

FILED: 10/20/2016

MODERN DAY MOVERS, LLC

Filing Fee: \$110.00 ORIG


South Carolina Secretary of State

Mark Hammond

ACCEPTED FOR PROCESSING - 2020 July 17 8:42 AM - SCPSC - 2020-162-T - Page 3 of 31

Name of Limited Liability Company Modern Day Movers, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (b) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

  
 Signature of Organizer By: Cheyenne Mosalay, Assistant  
 Secretary of LegalZoom.com, Inc.  
 (Organizer)

10/19/2016  
 Date

\_\_\_\_\_  
 Signature of Organizer

\_\_\_\_\_  
 Date